

## CLAIMS ONLY

Application Number  
10/678303

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	/					
11		/				
12		/				
13		/				
14		/				
15	/					
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18		/				
19		/				
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44						
45						
46						
47						
48						
49						
50						
Total Indep	of					
Total Depend	14					
Total Claims	18					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						